



# Baylor Scott & White Health Grapevine/Trophy Club Health Community

Community Health Implementation Strategies 2022

An Action Plan for the Community Health Needs Assessment



# Grapevine/Trophy Club Health Community hospitals

- ▼ [Baylor Scott & White Medical Center - Grapevine](#)
- ▼ [Baylor Scott & White Medical Center - Trophy Club](#)

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# Executive summary

As the largest not-for-profit healthcare system in Texas, Baylor Scott & White Health (BSWH) understands the importance of serving the health needs of its communities. To do that successfully, BSWH is constantly surveying patients, their families and neighbors to understand the issues they face when it comes to making healthy life choices and healthcare decisions.

In early 2022, a BSWH task force led by the community benefit, tax compliance and corporate marketing departments began assessing the current health needs of all the communities served by BSWH hospitals. IBM Watson Health analyzed the data for this process and prepared a final report made publicly available in June 2022.

The Grapevine/Trophy Club Health Community is home to a number of these hospitals with overlapping communities, including:

- ▶ Baylor Scott & White Medical Center – Grapevine
- ▶ Baylor Scott & White Medical Center – Trophy Club

The community served by the hospital facilities listed above is Dallas, Denton and Tarrant counties and was determined based on the contiguous ZIP codes within the associated counties that made up nearly 80% of the hospital facilities' inpatient admissions over the 12-month period of FY20.

BSWH and IBM Watson Health examined more than 59 public health indicators and conducted a benchmark analysis of this data, comparing the community to overall state of Texas and US values. A community focus group, including a representation of minority, underserved and indigent populations, provided input for a qualitative analysis. Group interviews with key community leaders and public health experts provided depth and context to the report.

Any community needs that did not meet state benchmarks were included in a magnitude analysis index. Understanding the degree of difference from the benchmark helped determine the relative severity of the issue. The outcomes of this quantitative analysis were aligned with the qualitative findings of the community input sessions to elicit a list of health needs in the community. These health needs fell into one of four quadrants within a health needs matrix: high data/low qualitative, low data/low qualitative, low data/high qualitative or high data/high qualitative.

Hospital and clinic leadership, along with community leaders, reviewed the matrix in a session that established a list of significant prioritized needs. The session included an overview of the community demographics, a summary of health data findings and an explanation of the quadrants of the health needs matrix.

Those health needs falling into the “high data/high qualitative” quadrant were considered the most significant and in need of the most attention. Each session attendee identified and prioritized six needs. The most significant health needs emerged from this process.



# Letter to the community

Baylor Scott & White is committed to improving health in the communities we serve. As part of that commitment, we conduct a Community Health Needs Assessment (CHNA) every three years and report on our community's current health needs. We also provide the Community Health Implementation Strategies report, which is our plan for addressing the identified needs.

We are pleased to present the 2022 implementation strategies for the Grapevine/Trophy Club Health Community, a companion piece to the CHNA that provides plans for addressing our most pressing health needs. The CHNA for the health community hospital facilities incorporates input from influencers such as key stakeholders, area residents, faith-based organizations, healthcare providers, neighborhood association leaders, elected officials, health professionals, hospital and system leaders, the medically underserved, and others.

The full report can be found at [BSWHealth.com/CommunityNeeds](https://BSWHealth.com/CommunityNeeds).

As part of the largest not-for-profit health system in Texas, we take our commitment to the Grapevine/Trophy Club Health Community very seriously. By working with community organizations and residents, we have identified and will focus on some of the toughest problems plaguing our most vulnerable residents.

Sincerely,

**Grapevine/Trophy Club Health Community Hospitals**



# Grapevine/Trophy Club Health Community implementation strategies

The overall purpose of the implementation strategies is to align the hospitals' charitable mission, program services and limited resources with the findings of the CHNA. To meet the requirements under IRC Section 501(r)(3) and the Texas Health and Safety code Chapter 311, the written implementation strategies include the following:

- ▼ A list of the prioritized needs the hospital plans to address and the rationale for not addressing other significant health needs identified
- ▼ Actions the hospital intends to take to address the chosen health needs
- ▼ The anticipated impact of these actions and the plan to evaluate such impact (e.g., identify data sources that will be used to track the plan's impact)
- ▼ Identification of programs and resources the hospital plans to commit to addressing the health needs
- ▼ Description of any planned collaboration between the hospital and other facilities or organizations in addressing the health needs

# Grapevine/Trophy Club Health Community needs

The following health concerns are identified in priority order based on the results of the CHNA.

Priority	Need	Category of need
1	Diabetes	Conditions/diseases
2	Access to healthcare	Access to care
3	Depression/social isolation	Mental health Environment
4	Emergency department utilization	Utilization
5	Mentally unhealthy days/coping mechanisms	Mental health
6	Income inequality	Population & income

The facilities listed below collaborated to develop these joint implementation strategies addressing the significant health needs identified above. Hospital leadership selected the following health needs to confront in collaboration with the community and based on the anticipated impact, available hospital and clinic resources, and the expertise of the respective facilities.

## Community needs addressed

Facility	Diabetes	Access to healthcare	Depression/ social isolation	Emergency department utilization
Baylor Scott & White Medical Center - Grapevine	✓	✓	✓	
Baylor Scott & White Medical Center - Trophy Club		✓		✓

# Implementation strategies

Baylor Scott & White Medical Center – Grapevine

## Priority need 1: Diabetes

<p><b>Planned programs/ strategies</b></p>	<ul style="list-style-type: none"> <li>▼ Hire a certified diabetes educator (CDE) as a member of the nursing education team to educate newly diagnosed inpatients and develop strategies for outpatient adherence to treatment plans</li> <li>▼ Community health education focusing on nutrition, diabetes prevention and disease management</li> <li>▼ Faith Community Health – trained community caregivers who assist identified at-risk patients in following their plan of care as prescribed by their healthcare professional</li> <li>▼ Referrals for uninsured/underinsured patients to appropriate community resources</li> <li>▼ Charitable contribution to GRACE Community Clinic</li> <li>▼ Cash and in-kind contributions to other not-for-profit community organizations</li> </ul>
<p><b>Anticipated impacts</b></p>	<ul style="list-style-type: none"> <li>▼ Improved patient experience</li> <li>▼ Improved health outcomes over time</li> <li>▼ Reduced readmissions for patients with a diabetes diagnosis</li> </ul>
<p><b>Hospital resources</b></p>	<ul style="list-style-type: none"> <li>▼ Financial support</li> <li>▼ In-kind donations</li> <li>▼ Outreach/health education materials</li> <li>▼ Staff time</li> <li>▼ Supplies</li> </ul>
<p><b>Community partner(s) involved in the work</b></p>	<ul style="list-style-type: none"> <li>▼ GRACE Community Clinic</li> <li>▼ Faith Community Health</li> <li>▼ Faith in Action Initiatives</li> </ul>
<p><b>Outcome measures</b></p>	<ul style="list-style-type: none"> <li>▼ Appropriate staff hired</li> <li>▼ People served by certified diabetes educator and Faith Community Health volunteer</li> <li>▼ Referrals to community resources</li> <li>▼ Outcomes reported by partnering organizations</li> <li>▼ Amount of financial and in-kind contributions</li> <li>▼ People served by community health education outreach</li> </ul>



**Priority need 2: Access to healthcare**

<p><b>Planned programs/ strategies</b></p>	<ul style="list-style-type: none"> <li>▼ Investment and expansion of Comprehensive Stroke Program and other service lines, including women’s services</li> <li>▼ EMS/community liaison education on proper use of emergency services and expanded service lines</li> <li>▼ Partner with community organizations to provide education on hospital service lines</li> <li>▼ Provide clinical training programs to prepare nurses and other allied health professionals for the medical workforce</li> <li>▼ Recruitment of physicians, advanced practice providers and other specialists</li> <li>▼ In-kind medical supply and equipment donations to local non-profits supporting healthcare programs</li> <li>▼ Cash and in-kind contributions to other not-for-profit community organizations</li> <li>▼ Provide free and/or discounted care to financially or medically indigent patients as outlined in the financial assistance policy</li> </ul>
<p><b>Anticipated impacts</b></p>	<ul style="list-style-type: none"> <li>▼ Improved patient experience</li> <li>▼ Improved health outcomes over time</li> <li>▼ Increase access to healthcare services in the community</li> <li>▼ Other non-profit organizations are better able to help patients at a first touch point rather than having to send them to the hospital for care</li> <li>▼ Increased access to primary care and/or specialty care for indigent people regardless of their ability to pay</li> </ul>
<p><b>Hospital resources</b></p>	<ul style="list-style-type: none"> <li>▼ Financial support</li> <li>▼ In-kind donations</li> <li>▼ Outreach/health education materials</li> <li>▼ Staff time</li> <li>▼ Supplies</li> </ul>
<p><b>Community partner(s) involved in the work</b></p>	<ul style="list-style-type: none"> <li>▼ GRACE</li> <li>▼ Community Outreach Center</li> <li>▼ Serving Our Seniors</li> <li>▼ 6 Stones Mission Network</li> <li>▼ Local EMS Agencies</li> </ul>
<p><b>Outcome measures</b></p>	<ul style="list-style-type: none"> <li>▼ Appropriate staff hired and physicians recruited</li> <li>▼ Obtaining Comprehensive Stroke Center Certification</li> <li>▼ Number of students trained</li> <li>▼ Referrals to community resources</li> <li>▼ Outcomes reported by partnering organizations</li> <li>▼ People served by community health education outreach</li> <li>▼ Amount of financial and in-kind contributions</li> <li>▼ Number of people receiving financial assistance; unreimbursed cost of care</li> </ul>

## Baylor Scott & White Medical Center – Trophy Club

### Priority need 2: Access to healthcare

<b>Planned programs/ strategies</b>	<ul style="list-style-type: none"><li>▼ Referral process for patients to help identify patients who do not have a primary care provider and refer them to one</li><li>▼ Cash and in-kind contributions to other not-for-profit community organizations</li><li>▼ Provide free and/or discounted care to financially or medically indigent patients as outlined in the financial assistance policy</li></ul>
<b>Anticipated impacts</b>	<ul style="list-style-type: none"><li>▼ Improved patient experience</li><li>▼ Improved health outcomes over time</li><li>▼ Increased access to primary care and/or specialty care for indigent people regardless of their ability to pay</li></ul>
<b>Hospital resources</b>	<ul style="list-style-type: none"><li>▼ Financial support</li><li>▼ In-kind donations</li><li>▼ Outreach/health education materials</li><li>▼ Staff time</li><li>▼ Supplies</li></ul>
<b>Community partner(s) involved in the work</b>	<ul style="list-style-type: none"><li>▼ GRACE</li><li>▼ HealthTexas Provider Network (HTPN)</li><li>▼ Baylor Scott &amp; White Quality Alliance (BSWQA)</li></ul>
<b>Outcome measures</b>	<ul style="list-style-type: none"><li>▼ Number of referrals to primary care providers</li><li>▼ Amount of financial and in-kind contributions</li><li>▼ Number of people receiving financial assistance; unreimbursed cost of care</li></ul>

### Priority Need 3: Depression/social isolation

<p><b>Planned programs/strategies</b></p>	<ul style="list-style-type: none"> <li>▼ Health education classes at community centers to further education on priority need and the importance of self-care services</li> <li>▼ Refer patients to appropriate mental services both internally and externally</li> <li>▼ Education on mental illness and preventive measures</li> <li>▼ Support and awareness groups</li> <li>▼ Faith Community Health – trained community caregivers who assist identified patients at risk for depression/social isolation</li> <li>▼ Cash and in-kind contributions to other not-for-profit community organizations</li> </ul>
<p><b>Anticipated impacts</b></p>	<ul style="list-style-type: none"> <li>▼ Improved patient experience</li> <li>▼ Improved health outcomes over time</li> <li>▼ Increased access to mental/behavioral healthcare</li> </ul>
<p><b>Hospital resources</b></p>	<ul style="list-style-type: none"> <li>▼ Financial support</li> <li>▼ In-kind donations</li> <li>▼ Outreach/health education materials</li> <li>▼ Meeting space/virtual platform</li> <li>▼ Staff time</li> <li>▼ Supplies</li> </ul>
<p><b>Community partner(s) involved in the work</b></p>	<ul style="list-style-type: none"> <li>▼ Faith Community Health volunteers</li> <li>▼ GRACE</li> <li>▼ Serving Our Seniors</li> <li>▼ Other not-for-profit organizations serving the mental/behavioral health needs of the community</li> </ul>
<p><b>Outcome measures</b></p>	<ul style="list-style-type: none"> <li>▼ People served by Faith Community Health volunteers</li> <li>▼ Referrals to community resources</li> <li>▼ Outcomes reported by partnering organizations</li> <li>▼ People served by support and awareness groups</li> <li>▼ Amount of financial and in-kind donations</li> </ul>

## Baylor Scott & White Medical Center – Trophy Club

### Priority need 4: Emergency department utilization

<b>Planned programs/ strategies</b>	<ul style="list-style-type: none"><li>▶ Educate community on appropriate use of emergency medical facilities</li><li>▶ Referral process for patients and help identify patients who do not have a primary care provider and refer them to one</li><li>▶ Referrals to community health resources</li><li>▶ Free and/or discounted care to financially or medically indigent patients as outlined in the financial assistance policy</li></ul>
<b>Anticipated impacts</b>	<ul style="list-style-type: none"><li>▶ Improved patient experience</li><li>▶ Improved health outcomes over time</li><li>▶ Increase knowledge of appropriate use of emergency medical facilities</li><li>▶ Change in emergency department visit type over time</li><li>▶ Increased access to medical care for all people, insured or uninsured</li></ul>
<b>Hospital resources</b>	<ul style="list-style-type: none"><li>▶ Financial support</li><li>▶ Outreach/health education materials</li><li>▶ Staff time</li><li>▶ Supplies</li></ul>
<b>Community partner(s) involved in the work</b>	<ul style="list-style-type: none"><li>▶ Local not-for-profit community organizations</li><li>▶ HealthTexas Provider Network (HTPN)</li><li>▶ Baylor Scott &amp; White Quality Alliance (BSWQA)</li></ul>
<b>Outcome measures</b>	<ul style="list-style-type: none"><li>▶ Number of people educated through community outreach</li><li>▶ Number of referrals to community resources</li><li>▶ Number of referrals to primary care providers</li><li>▶ Number of people receiving assistance, unreimbursed cost of care</li></ul>

# Community needs not addressed

BSWH provides a wide range of needed healthcare services and community benefits through adherence to its mission, using its resources and capabilities, and remaining a strong organization. By focusing on our strengths and allocating our resources appropriately, we can achieve a greater impact in the communities we serve.

Needs not addressed:

- ▼ Mentally unhealthy days/coping mechanisms
- ▼ Income inequality

There are multiple community and state agencies whose expertise and infrastructure are better suited for meeting the needs not addressed in the Community Health Implementation Strategies. Therefore, BSWH leadership has opted to focus its resources on the listed priorities for the betterment of the community.

# Program evaluation

All community benefit activities align with community benefit goals by adhering to BSWH's policies and procedures. This ensures appropriate governance of the activities outlined in these Community Health Implementation Strategies. The hospitals evaluate programs and activities on a regular basis to ensure the appropriate use of staff time and hospital resources.

To support the hospital's community benefit objectives, requests for contributions from other unrelated 501(c)(3) charitable organizations managed by the community benefit department are considered, and those activities addressing a priority need in the community are given preference. All charitable giving is reviewed and approved annually by hospital leadership and the BSWH governing board.

BSWH regularly assesses, evaluates and reports on the programs addressing the significant needs found in identified communities. Regular conversations with community members, feedback on this plan, and modifying programs and services enhance the opportunities patients have to connect to community resources. As a result, these hospital facilities achieve a reduction in unnecessary healthcare costs and improved delivery of overall quality of care.

Please direct any feedback on the assessment or implementation plan to [CommunityHealth@BSWHealth.org](mailto:CommunityHealth@BSWHealth.org).

This document may be accessed at [BSWHealth.com/CommunityNeeds](https://BSWHealth.com/CommunityNeeds).





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